

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: VI
APPLICATION YEAR: 2011

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FORM 2
MCH BUDGET DETAILS FOR FY 2011

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: VI

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,511,960

A.Preventive and primary care for children:

\$ 453,588 (30 %)

B.Children with special health care needs:

\$ 680,382 (45 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 151,196 (10 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 0

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 1,255,561

5. OTHER FUNDS (Item 15e of SF 424)

\$ 140,000

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 1,169,459

\$ 1,395,561

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 2,907,521

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 0

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 2,907,521

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VI

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,599,698	\$ 1,533,219	\$ 1,599,698	\$ 1,533,492	\$ 1,599,698	\$ 1,390,686
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,147,660	\$ 1,043,269	\$ 1,199,774	\$ 1,229,699	\$ 1,292,937	\$ 1,381,173
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 140,000
6. Program Income <i>(Line6, Form 2)</i>	\$ 108,000	\$ 108,000	\$ 125,000	\$ 119,700	\$ 140,000	\$ 0
7. Subtotal	\$ 2,855,358	\$ 2,684,488	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 2,911,859
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 200,000	\$ 200,000	\$ 0	\$ 0	\$ 0	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 3,055,358	\$ 2,884,488	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 2,911,859
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: VI

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,533,492	\$ 1,512,213	\$ 1,512,213	\$	\$ 1,511,960	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,372,138	\$ 1,332,435	\$ 0	\$	\$ 0	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 1,388,966	\$	\$ 1,255,561	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 140,000	\$ 140,000	\$	\$ 140,000	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 150,000	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal	\$ 3,055,630	\$ 2,984,648	\$ 3,041,179	\$ 0	\$ 2,907,521	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
9. Total <i>(Line11, Form 2)</i>	\$ 3,055,630	\$ 2,984,648	\$ 3,041,179	\$ 0	\$ 2,907,521	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2009
Field Note:
Reflects amount awarded by Grantor.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
This total reflects actual amount of federal allocation on NGA for FY 2008.
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2009
Field Note:
Reflects amount allocated from general fund.
4. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2009
Field Note:
Funds allocated to program from local Health Revolving Fund.
5. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2008
Field Note:
This total reflects amount budgeted from local Health Revolving Fund.
6. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2009
Field Note:
Reflects estimated income based on revenue report. Program income not available or returned to program for operating expenses.
7. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
Program income is not returned to the Title V program. It is not included in the amounts expended for services for CSHCN.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2006		FY 2007		FY 2008	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 479,909	\$ 479,909	\$ 479,909	\$ 460,048	\$ 479,909	\$ 479,909
b. Infants < 1 year old	\$ 479,909	\$ 479,909	\$ 479,909	\$ 460,048	\$ 479,909	\$ 479,909
c. Children 1 to 22 years old	\$ 805,002	\$ 728,110	\$ 836,103	\$ 820,288	\$ 884,776	\$ 814,000
d. Children with Special Healthcare Needs	\$ 805,002	\$ 728,111	\$ 836,104	\$ 854,218	\$ 884,777	\$ 834,777
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 285,536	\$ 268,449	\$ 292,447	\$ 288,289	\$ 303,264	\$ 303,264
g. SUBTOTAL	\$ 2,855,358	\$ 2,684,488	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 2,911,859

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 100,000		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 200,000		\$ 0		\$ 0	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: VI

	FY 2009		FY 2010		FY 2011	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 460,048	\$ 456,177	\$ 456,177	\$	\$ 436,128	\$
b. Infants < 1 year old	\$ 460,048	\$ 456,177	\$ 456,177	\$	\$ 436,128	\$
c. Children 1 to 22 years old	\$ 914,985	\$ 907,470	\$ 912,353	\$	\$ 872,256	\$
d. Children with Special Healthcare Needs	\$ 914,986	\$ 907,471	\$ 912,354	\$	\$ 872,257	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 305,563	\$ 304,118	\$ 304,118	\$	\$ 290,752	\$
g. SUBTOTAL	\$ 3,055,630	\$ 3,031,413	\$ 3,041,179	\$ 0	\$ 2,907,521	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 0	\$ 0	\$ 0
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
III. SUBTOTAL	\$ 0	\$ 0	\$ 0

FORM NOTES FOR FORM 4
None
FIELD LEVEL NOTES
None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VI

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,630,358	\$ 2,486,988	\$ 2,689,472	\$ 2,647,891	\$ 2,807,635	\$ 2,635,469
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 45,000	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 100,000	\$ 100,000	\$ 139,500	\$ 139,500	\$ 100,000	\$ 196,390
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 100,000	\$ 72,500	\$ 70,500	\$ 70,500	\$ 80,000	\$ 80,000
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 2,855,358	\$ 2,684,488	\$ 2,924,472	\$ 2,882,891	\$ 3,032,635	\$ 2,911,859

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: VI

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,805,630	\$ 2,805,713	\$ 2,711,179	\$	\$ 2,482,521	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 50,000	\$ 35,000	\$ 50,000	\$	\$ 125,000	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 100,000	\$ 100,000	\$ 180,000	\$	\$ 100,000	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 100,000	\$ 90,700	\$ 100,000	\$	\$ 200,000	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,055,630	\$ 3,031,413	\$ 3,041,179	\$ 0	\$ 2,907,521	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2009
Field Note:
Decrease reflects funds reprogrammed to direct health care services to cover increased costs for services to uninsured children.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Funds were not available as budgeted to be expended in this category. The Title V Program coordinated with partner agencies for provision of these services, i.e. VI Perinatal Inc., for transportation, translation and outreach services; Community Foundation of the VI for family support services; University of the Virgin Islands and private providers for health education in their respective fields, including podiatry and nutrition.
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
The Title V Program continued to absorb the total cost of newborn genetic/metabolic screening. A change in screening laboratory was made in October 2007 which increased costs. The program has also absorbed the costs for vaccines for insured children who are not eligible to receive them from the VI Immunization Program or whose insurance does not cover the cost of vaccines.
The program continues to cover all costs for newborn hearing screening and follow-up.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: VI						
Total Births by Occurrence: <u>1,755</u>				Reporting Year: 2009		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	<u>1,291</u>	<u>73.6</u>	<u>1</u>	<u>0</u>	<u>0</u>	
Congenital Hypothyroidism	<u>1,291</u>	<u>73.6</u>	<u>2</u>	<u>0</u>	<u>0</u>	
Galactosemia	<u>1,291</u>	<u>73.6</u>	<u>4</u>	<u>1</u>	<u>1</u>	<u>100</u>
Sickle Cell Disease	<u>1,291</u>	<u>73.6</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>100</u>
Other Screening (Specify)						
Cystic Fibrosis	<u>1,291</u>	<u>73.6</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>100</u>
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	<u>1,291</u>	<u>73.6</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>100</u>
Hearing Screening	<u>1,580</u>	<u>90</u>	<u>6</u>	<u>1</u>	<u>1</u>	<u>100</u>
G6 Phosphate Dehydrogenase	<u>1,291</u>	<u>73.6</u>	<u>80</u>	<u>65</u>	<u>65</u>	<u>100</u>
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: VI

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,446	40.0	0.0	8.0	52.0	0.0
Infants < 1 year old	1,755	35.0	0.0	12.0	53.0	0.0
Children 1 to 22 years old	4,229	32.0	0.0	15.0	53.0	0.0
Children with Special Healthcare Needs	1,505	40.0	0.0	5.0	55.0	0.0
Others	592	70.0	0.0	10.0	20.0	0.0
TOTAL	9,527					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2011
Field Note:
Data source Newborn Screening Database for calendar year 2009.
Data is not available by the Office for Vital Records and Statistics.
2. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Data sources - MCH Clinics in both districts.
3. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2011
Field Note:
Data sources - MCH Clinics in both districts.
4. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2011
Field Note:
Reflects Head Start screening; school and sports physicals for Upward Bound students and athletic teams.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: VI

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,755	60	1,350	0	5	0	0	340
Title V Served	1,446	27	899	0	13	0	0	507
Eligible for Title XIX	467	0	467	0	0	0	0	0
INFANTS								
Total Infants in State	1,755	60	1,350	0	5	0	0	340
Title V Served	1,446	27	899	0	13	0	0	507
Eligible for Title XIX	757	0	752	0	5	0	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,415	317	317	0	0	0	0	317
Title V Served	969	350	350	0	0	0	0	350
Eligible for Title XIX	969	350	350	0	0	0	0	350
INFANTS								
Total Infants in State	1,415	317	317	0	0	0	0	317
Title V Served	1,415	317	317	0	0	0	0	317
Eligible for Title XIX	969	350	350	0	0	0	0	350

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All

Row Name: Total Deliveries in State

Column Name: Total All Races

Year: 2011

Field Note:

Data source Newborn Screening Database for calendar year 2009. Data is not available by the Office for Vital Records and Statistics.

2. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTitleV_All

Row Name: Title V Served

Column Name: Total All Races

Year: 2011

Field Note:

Data sources: DOH Community Health, MCH and 330 FQHC's (2) prenatal clinic utilization for calenday year 2009.

Data for calendar year 2009 not available from Office for Vital Records and Statistics.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VI

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	_____	_____	_____	_____	_____
4. Contact Person's Telephone Number	_____	_____	_____	_____	_____
5. Contact Person's Email	_____	_____	_____	_____	_____
6. Number of calls received on the State MCH "Hotline" this reporting period	_____0	_____0	_____0	_____0	_____0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: VI

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	(866)248-4004	(866)248-4004	(866) 248-4004	(866)248-4004	(866) 248-4004
2. State MCH Toll-Free "Hotline" Name	MCH & CSHCN Information Dest	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk
3. Name of Contact Person for State MCH "Hotline"	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza
4. Contact Person's Telephone Number	(340) 776-3580	(340) 776-3580	(340) 776-3580	(340) 776-3580	(340)776-3580
5. Contact Person's Email	marlene.ostalaza@usvi-d	marlene.ostalaza@usvi-d			
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	50	30	100

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2011
[SEC. 506(A)(1)]
STATE: VI

1. State MCH Administration:
(max 2500 characters)

The Department of Health (DOH) functions as both the legislative authorized agency and the territorial public health agency that provides health services for the people of the U.S. Virgin Islands. As set forth by the Virgin Islands Code, Titles 3 and 19, DOH has direct responsibility for conducting programs of preventive medicine, including special programs in Maternal and Child Health, Family Planning, Environmental Sanitation, Mental Health, and Drug and Substance Abuse Prevention. DOH also is responsible for health promotion and protection, regulation of health care providers and facilities, and policy development and planning, as well as maintaining the vital statistics for the population. DOH is the official Title V agency designated to administer the Maternal and Child Health and Children With Special Health Care Needs Program (MCH & CSHCN) pursuant to Title 19, Chapter 7, Section 151 of the Virgin Islands Code. The MCH & CSHCN Program is a unit within DOH, one of 14 government departments. The Department of Health is headed by the Commissioner of Health. The Department of Health was reorganized in February 2010. The executive staff consists of the Commissioner of Health, Administrator for Policy and Program Planning, Deputy Commissioners for Divisions of Public Health Services, Fiscal Affairs, Administrative Services and Management and Health Promotion and Disease Prevention. The MCH & CSHCN Program reports directly to the Deputy Commissioner for Health Promotion and Disease Prevention. The MCH & CSHCN Program is operated as a single organizational unit and serves as both local and state agency. The program is one integrated program within the Department of Health. This allows for more efficient use of limited human and fiscal resources and better collaboration and coordination of services in MCH. The Administrative Unit is composed of the Director for MCH & CSHCN, Assistant Director, Program Administrator, Territorial Financial Manager (this position was vacated in May 2010. Recruitment is underway), and Office Manager. MCH Administration fosters partnerships throughout the community and provides leadership on various agency boards including VI Perinatal, Inc, VI Alliance for Primary Care and the Interagency Coordinating Council for the Infants and Toddlers Program that address maternal and child health issues.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,511,960
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 0
5. Local MCH Funds (Line 4, Form 2)	\$ 1,255,561
6. Other Funds (Line 5, Form 2)	\$ 140,000
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 2,907,521

9. Most significant providers receiving MCH funds:

Clinical specialty/sub-specialty consultants
Physiological testing/diagnostics-ECHO, EKG
Diagnostic laboratory studies, radiology, imaging
Pediatric dentist/hearing aids

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,446
b. Infants < 1 year old	1,755
c. Children 1 to 22 years old	4,229
d. CSHCN	1,505
e. Others	592

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct health care services are defined as basic health services. The program provides health care services for mothers, infants, children, youth and adolescents and their families. The program also provides and coordinates a system of preventive and primary health care services for this population. These services include prenatal and high-risk prenatal care clinics, postpartum care, well child care, high risk infant and pediatric clinics, care coordination and access to pediatric sub-specialty care for children and adolescents with special health care needs. The program assures access to preventive and primary health services for infants, young children and adolescents, including allied health and other health related services. For children, ages 0-21, with disabilities and chronic conditions, the program provides preventative and primary care, therapeutic and rehabilitative services. Specialty clinics provide pediatric specialty services that are generally unavailable or inaccessible to low-income, uninsured or underinsured families. Specialty services are offered to all children in the territory regardless of ability or inability to pay. Translation services at clinics are available through bilingual staff for Spanish speaking clients and as well as clients with French dialects from the eastern Caribbean islands. Recruitment efforts are still underway to employ 2 bilingual interpreters (French Creole and Spanish) per island on a part-time basis. Nutrition services are offered by Women, Infant and Children's Program (WIC), and by referral to private practice nutritionists. Coordinated parent/family involvement and support is also provided through the Department of Human Services. Case management is provided directly to children with special health care needs and their families in order to assist and increase access to coordinated and appropriate care. Prenatal services in MCH include: prenatal intake for new patients in which the history, physical, risk assessment, PAP smear, and laboratory referrals are completed; routine follow-up and counseling; teen prenatal; and perinatal/high risk clinic for the management of obstetrically or medically complex cases. Diagnostic services, such as ultrasounds and laboratory services, are provided for MCH clients by the hospitals or private facilities.

b. Population-Based Services:
(max 2500 characters)

Population-based services are defined as services that are intended for and available to the entire population, rather than for a select group of individuals. In order to effectuate this goal, the program partners with various providers, agencies and organizations to have a greater impact in the community. Collaborations with Human Services, Justice, Education and the Police Departments enhance the outreach effectiveness of the program and offer leverage to access a larger segment of the maternal and child population. Disease prevention, health promotion and health education are some of the categories addressed through these partnerships. The MCH & CSHCN Program offers three population-based preventive services: immunization services; newborn genetic/metabolic screening follow-up, and newborn hearing screening. In collaboration with the VI

Immunization Program, vaccines (Vaccine for Children- VFC), assessments of immunization levels, monitoring of vaccine usage and evaluation of vaccine reactions are provided. Health education outreach is achieved in conjunction with the Health Education Program. Education is provided on an array of health care services through brochures, pamphlets, books and on site consultations. This information is disseminated to the public through various health fairs throughout the year in the Territory. Outreach services include site visits to homes and schools for primary and preventative care and health education by staff nurses and through collaborative partnerships with various non-profit, private and government agencies. Programs available assist in social development, parenting skills, nutrition and injury prevention. The Departments of Education and Human Services in conjunction with the Community Foundation and supported by MCH & CSHCN Program, hosts Best Beginnings, an annual conference that offers educators, health care providers, parents and child care providers, guidance on evidence based methods of appropriate child care from social, physical and educational development, to primary and preventative care and epidemiology. To ensure better safety standards and compliance, the Office of Highway Safety, conducts site visits at schools to educate and assist parents with the proper use of infant and booster seats and to provide car seats to those that are in need. Lead screening was initiated on all children receiving care at the MCH Clinics during fiscal year 2009.

c. Infrastructure Building Services:

(max 2500 characters)

The program continued activities directed at assuring the availability of the infrastructure necessary to delivery of services to the maternal/child population and to increase access to quality health care for families who lack sufficient financial resources to meet the costs of medical care. Access to staff development activities, training and technical assistance to assure continuous quality of care was provided. Improvement in data collection activities for monitoring and evaluation of services to this population was undertaken during this fiscal year. Challenges remain with a lack of adequate data linkages and child health information systems to support program activities including data collection and analysis. Program policy and procedures manual is revised to address the need for standards and guidelines for service provision, data collection, training and quality assurance / improvement. Planning activities directed at addressing infrastructure and development of a comprehensive continuous quality improvement plan to assist in building organizational development and system capacity were initiated in FY 2008 and resulted in the formation and development of a Continuous Quality Improvement (CQI) Team within the MCH Program structure. The CQI Team continues to assist with the development and implementation of strategic plans to improve coordination and integration of MCH services; assist MCH leadership and management in the development and implementation of a comprehensive CQI plan to ensure ongoing assessment, program planning, evaluation processes and practice; and improve ability to develop and conduct 5-year needs assessment. Technical Assistance from MCHB was awarded for the crucial CQI activities.

12. The primary Title V Program contact person:

Name	C. Patricia Penn
Title	Director
Address	1303 Hospital Ground Ste. 10
City	St. Thomas
State	VI
Zip	00802
Phone	(340) 776-3580
Fax	(340) 774-8633
Email	patricia.penn@usvi-doh.org
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	C. Patricia Penn
Title	Director, MCH & CSHCN Program
Address	1303 Hospital Ground Ste. 10
City	St. Thomas
State	VI
Zip	00802
Phone	(340) 776-3580
Fax	(340) 774-8633
Email	patricia.penn@usvi-doh.org
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	99	100	100	95	95
Annual Indicator	100.0	100.0	86.7	40.3	70.0
Numerator	27	25	130	81	70
Denominator	27	25	150	201	100
Data Source				NBS Program	NBS Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator for 2009 reflect s initial positives for for expanded screening - total 48 disorders.

Numerator for 2009 reflects rescreening, final diagnosis, counseling and/ or enrollment in appropriate treatment for identified disorder.

All data obtained from the Newborn Screening Database.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

Denominators for 2005/2006 reflect initial positives for limited screening: TSH, PKU, MSUD, Homocystinuria, Hemoglobinopathies, Galactosemia, and G6PD.

Denominators for 2007/2008 reflect initial positives for expanded screening - total 48 disorders.

Numerators for 2005-2008 reflect rescreening, final diagnosis, counseling and enrollment in appropriate treatment for identified disorder.

All data obtained from the Newborn Screening Database.

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator reflects number of children initially screened positive for sickle cell disease, hypothyroidism and G6PD. While there were initial positives in other categories, e.g. biotinadase, galactosemia, cystic fibrosis and PKU, follow-up testing was normal and further medical management was not needed or recommended.

Numerator reflects number of children re-screened with confirmatory diagnosis made.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective	30	50	30	30	40
Annual Indicator	49.0	22.5	20.0	12.2	4.7
Numerator	563	235	250	187	70
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				HealthPro/MCH	Client Satisfaction Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	40	40	40	45	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator based responses to client satisfaction survey during March-April 2010 in St. Thomas-St. John District.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

VI is participating in National CHSCN Survey this year. Data for this measure obtained from MCH nursing staff in St. Thomas-St. John District.

Denominator obtained from Health Pro database.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator reported in 2007 is obtained from clinic data from St. Thomas only.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	20	55	50	50	55
Annual Indicator	50.6	43.5	38.1	54.6	39.9
Numerator	581	454	475	835	600
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				HealthPro/MCH	MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	60	60	60	60	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

More than half of all CSHCN with high complexity diagnoses receive care coordination services at MCH clinics in both districts.

These services meet the American Academy of Pediatrics defines the medical home as "a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

Denominator obtained from MCH clinics monthly reports.

Numerator reflects estimate of number of children requiring care/service coordination by public health nurses, are considered to have complex medical diagnoses; require home visits, IEP's, and multi-specialty services.

2. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

More than half of all CSHCN with high complexity diagnoses receive care coordination services at MCH clinics in both districts.

These services meet the American Academy of Pediatrics defines the medical home as "a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

Denominator obtained from HealthPro database.

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator reported in 2007 is obtained from clinic data from St. Thomas only.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		30	35	35	35
Annual Indicator	27.0	43.5	25.0	52.0	8.3
Numerator	310	454	312	795	125
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				HealthPro	MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	35	40	40	50	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator obtained from MCH clinics in both districts reflects families reporting a source of insurance other than Medicaid.

Denominator obtained from MCH clinics monthly reports.

52% of families accessing care at MCH Program report no source of insurance.

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator obtained from MCH clinics in both districts reflects families reporting a source of insurance other than Medicaid.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	30	50	30	30	35
Annual Indicator	50.0	19.4	14.8	0.0	0.0
Numerator	574	203	185	0	0
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				MCH Program	MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	35	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Information for this measure was not collected.

Questions related to this measure were included in the 2010 Needs Assessment.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2008

Field Note:

Information for this measure was not collected.

3. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator reflects # of referrals to community based services in both districts include after-school programs, family support and advocacy programs.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		30	30	35	20
Annual Indicator	20.5	2.6	1.2	0.7	0.3
Numerator	235	27	15	11	5
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				MCH Program	MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	20	20	25	25	25
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator reflects data provided by MCH Nursing in St. Thomas-St. John District.

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator reflects data provided by MCH Nursing in St. Thomas-St. John District.

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects the # of youth who transitioned to adult health care services in St. Thomas-St. John District.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	70	70	70
Annual Indicator	45.7	63.0	80.0	31.2	60.5
Numerator	467	382	943	215	348
Denominator	1,023	606	1,179	690	575
Data Source				MCH Program	MCH Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data remains unavailable from VI Immunization Program. The National Immunization Survey is currently being conducted this fiscal year.

Denominator obtained from children in this age group receiving any service at MCH clinics in the St. Thomas-St. John District.

Numerator reflects number of children in this age group with complete immunizations at MCH clinic in the St. Thomas-St. John District.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data reported for this measure was provided by the MCH clinic in the St. Croix district only which is collected manually. This does not reflect territorial data. Denominator is the total # of children in this age category who received any immunizations. Numerator is the number who meet the requirements of this measure.

The VI Immunization Program does not have a database system in place to provide territorial information for this measure

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	20	15	15	15	15
Annual Indicator	22.0	16.4	16.4	9.8	49.9
Numerator	67	60	60	36	183
Denominator	3,039	3,667	3,667	3,667	3,667

Data Source

Vital Records

Prenatal Clinics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

Data on 15-17 year females is not reported as a separate category in the VI Community Survey.

Numerator reflects number of females 15-17 years receiving prenatal care at DOH Community Health, MCH Prenatal and 330 FQHC's (2) during calendar year 2009.

Data not available for this reporting year from Office for Vital Records & Statistics.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	30	35	35	20	10
Annual Indicator	0.0	1.4	1.1	8.5	
Numerator	0	126	87	606	
Denominator	9,016	9,016	7,866	7,130	

Data Source

Dental Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	15	20	20
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for this denominator obtained from the VI Community Survey by the Eastern Caribbean Center - University of the Virgin Islands.

Numerator obtained from the DOH Division of Dental Services for the St. Thomas-St. John District. St. Croix District doesn't collect or report data for this measure.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for this denominator obtained from the 2006 VI Community Survey by the Eastern Caribbean Center - University of the Virgin Islands.

Numerator obtained from the DOH Division of Dental Services for the St. Thomas-St. John District.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	2	2	2
Annual Indicator	0.0	0.0	11.6	4.4	4.5
Numerator	0	0	3	1	1
Denominator	25,996	25,996	25,805	22,697	22,458
Data Source				OHS	VICS / OHS
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator obtained from 2007 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from the Office for Highway Safety, 2009 Traffic Data Report.

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data provided by the Office for Highway Safety, VI Department of Public Safety. Numerator reflects territorial data.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		50	50	45	45
Annual Indicator	49.5	45.5	43.8	30.3	3.0
Numerator	830	800	775	558	52
Denominator	1,676	1,760	1,771	1,844	1,755
Data Source				WIC/PedNSS	WIC/NBS Database
Do not report the numerator because fewer than 5 events over the last year, and fewer than 5 events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	95	96	96	90	90
Annual Indicator	95.3	85.3	79.3	92.7	91.5
Numerator	1,607	1,501	1,405	1,709	1,606
Denominator	1,686	1,760	1,771	1,844	1,755

Data Source

NBS Program

NBS Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2009**Field Note:**

Numerator reflects screening during birth admission. Infants missed received outpatient screening.

Denominator reflects number of live birth admissions.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	15	15	15	10	10
Annual Indicator	19.0	22.4	8.8	12.0	9.4
Numerator	6,603	7,785	2,283	2,728	2,872
Denominator	34,817	34,817	25,805	22,697	30,596
Data Source				VICS/ HealthPro	VICS / MCH clinics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator obtained from 2007 VI Community survey.

Numerator reflects number of children accessing services at MCH clinics in both districts with no source of insurance.

The Medical Assistance Program is not required to collect or report this data to CMS.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Denominator obtained from 2006 VICommunity survey.

Numerator reflects number of children accessing services at MCH clinics in both districts.

The Medical Assistance Program is not required to collect or report this data to CMS.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is not available from the Medical Assistance Program. Estimates are based on number of children without insurance who receive services at MCH clinics.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		10	10	10	10
Annual Indicator	12.6		4.4	11.8	13.6
Numerator	277		186	276	397
Denominator	2,198		4,261	2,339	2,923
Data Source				WIC/PedNSS	WIC/PedNSS
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available from WIC Program at the time of submission for this measure.

2. Section Number: Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not available from the WIC at the time of this report.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective		1	1	1
Annual Indicator	1.5	1.8	1.8	0.5
Numerator	25	32	32	10
Denominator	1,686	1,751	1,771	1,844
Data Source				Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				NBS Database / Vital Records & Statistics
Is the Data Provisional or Final?				Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1
Annual Indicator				
Numerator				
Denominator				

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator obtained from Newborn Screening Database - live birth admissions.

Data for numerator is not available at the time of submission for this measure from the Office for Vital Records & Statistics.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data obtained from Vital Records and Statistics. information reported on certificate of live birth.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	5	2	2	2	2
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	8,821	8,821	8,751	8,534	8,138
Data Source				Vital Records	VICS / Vital Records & Statistics
Do not report the numerator because fewer than 5 events over the last year, and fewer than 5 events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Enter a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from VI Community Survey.

Data for numerator not available from the Office for Vital Records & Statistics as the time of submission for this measure.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,676	1,513	1,771	1,844	1,755

Data Source

Vital Records

NBS Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

Yes

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

This measure does not apply to VI. There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates.

Denominator obtained from NBS Program - live birth admissions during calendar year 2009.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

This measure does not apply to VI. There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective	65	65	65	65
Annual Indicator	64.2	66.2	62.6	36.4
Numerator	1,083	1,167	1,109	672
Denominator	1,686	1,763	1,771	1,844
Data Source				Vital Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)				
Is the Data Provisional or Final?				Final

NBS
Program/Prenatal
clinics reports

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	70	70	75	75
Annual Indicator				
Numerator				
Denominator				

75

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

Denominator reflects live births admissions reported by the NBS Program Database.

Numerator reflects number of prenatal clients accessing care at DOH Community Health, MCH Prenatal and 330 FQHC's (2) during calendar year 2009.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited as of reporting date.

Final data for this numerator is anticipated to be available by the end of October 2009.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects data available for the first three quarters of CY 2007.

Denominator reflects number of live births admissions.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percent of CSHCN clients who access family support services.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		50	50	55	55
Annual Indicator	50.0	43.5	30.0	6.5	20.0
Numerator	574	454	375	100	301
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				MCH Program	MCH Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	55	60	60	55	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2009

Field Note:

Data reflects information from St. Thomas/ St. John district only.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

Data reflects information from St. Thomas/ St. John district only.

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator reflects # of families using services such as VI FIND (Family Information Network on Disabilities).

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		25	35	40	45
Annual Indicator	20.5	2.6	1.2	8.9	0.3
Numerator	235	27	15	136	5
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				MCH Program Provisional	MCH Program Final
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	50	50	50	50	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data reflects information from St. Thomas/ St. John district only.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reflects information from the St. Thomas/ St. John district only.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The percent of CSHCN who receive coordinated, comprehensive care in a medical home.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		55	55	55	60
Annual Indicator	50.6	10.8	38.1	54.6	39.9
Numerator	581	113	475	835	600
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				MCH Program	MCH Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	65	65	65	65	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2009**Field Note:**

MCH Clinics in both districts continue to provide medical home as defined by the AAP.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for this measure was obtained from the VI DOH HealthPro database.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

The percent of teen mothers who received parenting skills training.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		35	30	30	35
Annual Indicator	33.5	22.4	36.2	52.6	0.0
Numerator	68	41	55	120	0
Denominator	203	183	152	228	119
Data Source				Community based organizations	Community based organizations/DHS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	35	35	40	40	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

This information is based on the 2008 teenage birth rate vital records . The denominator is the estimated number of births for the population aged 15-19 for 2009. Data is incomplete.

Numerator is based on information provided by community-based organizations that provide parenting classes.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

This information is based on the 2007 teenage birth rate vital records . The denominator is the actual number of births for the population aged 15-19 for 2007. 2008 data is incomplete.

Numerator is based on information provided by community-based organizations that provide parenting classes.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator obtained from agencies providing parenting skills training such as Family Resource Center, Lutheran Social Services and Childworth. Denominator reflects preliminary data obtained from DOH - Bureau of Health Statistics.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percent of infants identified with hearing loss who are receiving appropriate intervention services by age 6 months.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		60	60	70	80
Annual Indicator					
Numerator	3	3	2	2	3
Denominator	22	70	217	126	41
Data Source				NHS Program	NHS Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>90</u>	<u>95</u>	<u>95</u>	<u>98</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data reported from Audiologists (2) for calendar year 2009.

2. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for the denominator is obtained from infants who did not pass initial hearing screening in the birth admission and were referred to the Audiologist for follow-up testing.

The numerator indicates the number identified with permanent hearing loss and referred to early intervention services.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		600	600	650	650
Annual Indicator	642.3	661.9	626.2	364.4	368.7
Numerator	1,083	1,167	1,109	672	647
Denominator	1,686	1,763	1,771	1,844	1,755
Data Source				Vital Statistics	NBS Program/Prenatal clinics reports
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	700	700	700	750	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

Denominator reflects live births admissions reported by the NBS Program Database.

Numerator reflects number of prenatal clients accessing care at DOH Community Health, MCH Prenatal and 330 FQHC's (2) during calendar year 2009.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

Final data for this numerator is anticipated to be available by the end of October 2009.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

The rate per 10000 of hospitalizations due to asthma in children 0-14.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
Annual Indicator	<u>5.7</u>	<u>5.0</u>	<u>2.0</u>	<u>2.9</u>	<u>3.3</u>
Numerator	<u>158</u>	<u>130</u>	<u>52</u>	<u>66</u>	<u>74</u>
Denominator	<u>27,671</u>	<u>25,996</u>	<u>25,805</u>	<u>22,697</u>	<u>22,458</u>
Data Source				RLS & JFL Hospitals	RLS & JFL Hospitals
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data from both island hospitals reflects in-patient admissions only. Average length of stay was 1.5 days.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data from both island hospitals reflects in-patient admissions only. Average length of stay was 1.5 days.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects in-patient admissions to hospitals in both districts. Due to availability of pulse oximetry and stabilizing nebulizer/aerosol treatments in both MCH clinics, the number of children seen in emergency departments has dropped significantly.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	<u>6.5</u>	<u>6</u>	<u>6</u>	<u>5</u>	<u>5</u>
Annual Indicator	<u>5.3</u>	<u>4.5</u>	<u>5.1</u>	<u>3.3</u>	<u>0.0</u>
Numerator	<u>9</u>	<u>8</u>	<u>9</u>	<u>6</u>	<u>0</u>
Denominator	<u>1,686</u>	<u>1,763</u>	<u>1,772</u>	<u>1,844</u>	<u>1,755</u>
Data Source				Vital Records	NBS Program
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<small>(Explain data in a year note. See Guidance, Appendix IX.)</small>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

Denominator reflects live births admissions reported by the NBS Program Database.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	1	1	1	1	1
Annual Indicator	In,fin,ity	2.1	9.6	7.5	0.0
Numerator	7.3	5.4	9.6	7.5	0
Denominator	0	2.6	1	1	1

Data Source

Vital Records

Vital Records &
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	4	4	4	4	4
Annual Indicator	4.7	3.4	2.8	1.6	0.0
Numerator	8	6	5	3	0
Denominator	1,686	1,763	1,772	1,844	1,755

Data Source

Vital Records

NBS database

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	4	4	4	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

Denominator reflects live births admissions reported by the NBS Program Database.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	1.6	1.5	1.5	1	1
Annual Indicator	0.6	1.1	2.3	0.0	0.0
Numerator	1	2	4	0	0
Denominator	1,686	1,763	1,772	1,844	1,755

Data Source

Vital Records

NBS Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	1	1	1	1	1

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

Denominator reflects live births admissions reported by the NBS Program Database.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	8.8	7.5	7.5	7.5	7.5
Annual Indicator	10.5	10.1	6.8	4.9	0.0
Numerator	18	18	12	9	0
Denominator	1,708	1,787	1,772	1,844	1,755

Data Source

Vital Records

NBS Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	7.5	7	7	6	6

Annual Indicator**Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

Denominator reflects live births admissions reported by the NBS Program Database.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>
Annual Indicator	<u>21.8</u>	<u>26.9</u>	<u>15.5</u>	<u>19.4</u>	<u>0.0</u>
Numerator	<u>6</u>	<u>7</u>	<u>4</u>	<u>5</u>	<u>0</u>
Denominator	<u>27,564</u>	<u>25,996</u>	<u>25,805</u>	<u>25,805</u>	<u>22,458</u>
Data Source				Vital Records	VICS / Vital Records & Statistics
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 from the Office of Vital Records and Statistics is not available at the time of submission for this measure.

Denominator reflects report from VI Community Survey.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 12

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: VI

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 7

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: VI FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase services to adolescents and young adults in all areas of primary and preventive care appropriate using a positive healthy youth development model.
2. To increase the percent of CSHCN families' participation in transition planning to at least 50%.
3. To improve and strengthen linkage of special needs children with needed health and community-based support services.
4. Provide technical assistance, education, training materials and programs for community-based family support organizations that serve the maternal and child population.
5. To promote community partnerships.
6. To improve access to prenatal care for medically underserved women and increase healthy birth outcomes; promote reproductive health services.
7. To improve access to primary and preventive health care services for all segments of the MCH population.
8. Ensure access to developmental screenings and evaluations for children that are identified as high-risk.
9. Promote healthy lifestyle practices and reduce the rate of overweight children and adolescents through implementation of the CDC-WE CAN (Ways to Enhance Child Activity & Nutrition) Program
10. Enhance efforts to improve data collection and collaboration.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: VI

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	TA requested to provide training for CQI team members to receive basic data collection and evaluation methods.	Territory doesn't have adequate availability of providers or agencies to provide data collection and analysis, or prepare reports.	As determined by MCHB.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: VI

SP(Reporting Year) # 1

PERFORMANCE MEASURE:

The percent of CSHCN clients who access family support services.

STATUS:

Active

GOAL

To increase by 50% the number of families with CSHCN who are referred to family support services.

DEFINITION

Family support services identify and assess families' needs and determine appropriate individual family service plans.

Numerator:

Number of CSHCN clients ages 0-18 years whose families access family support services.

Denominator:

Total number of CSHCN clients served.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

7.7 Patient and family education .
Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of live.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro database system. MCH & CSHCN clinic records. Community Health Centers.

SIGNIFICANCE

Family service agencies and interagency coordinating councils have identified major challenges confronting families with CSHCN in accessing coordinated health and related services. Addressing these issues will lead to more efficient use of public funds and reduce family stress.

SP(Reporting Year) # 2

PERFORMANCE MEASURE:

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

STATUS:

Active

GOAL

Assure the transition from pediatric to adult health care providers is planned, coordinated and facilitated.

DEFINITION

All youth with special health care needs will receive the services to make necessary transitions to all aspects of adult life, including health care, work and independence. Transition is an ongoing process throughout middle childhood and adolescence. Collaboration and coordination between CSHCN, families, health care, insurance, education, rehabilitation, and other appropriate agencies are needed to support and facilitate transition.

Numerator:

The number of CSHCN who participate in transition planning.

Denominator:

The total number of CSHCN age 12-18 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16.23 Service systems for children with special health care needs.

To assure the participation of CSHCN age 12-18 years and their families in agency based transition planning activities that promote independence and healthy lifestyle choices.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro data system. MCH & CSHCN clinic records. Community Health Centers. Departments of Labor and Human Services.

SIGNIFICANCE

The transition of youth to adulthood has become a priority issue nationwide as evidenced by the President's "New Freedom Initiative: Delivering on the Promise". Supporting skill-building activities for youth with special health care needs provides them with opportunities to learn to act as decision-makers in their own health care.

SP(Reporting Year) # <u>3</u>	
PERFORMANCE MEASURE:	The percent of CSHCN who receive coordinated, comprehensive care in a medical home.
STATUS:	Active
GOAL	Expand efforts to link all children, youth and adolescents with special health care needs to a medical home.
DEFINITION	<p>The American Academy of Pediatrics (AAP) states the medical care of children, youth and adolescents should be accessible, comprehensive and coordinated. Further, medical care should be continuous, family-centered, compassionate and culturally effective.</p> <p>Numerator: Number of CSHCN 0-18 years with a regular source of medical care.</p> <p>Denominator: Total number of CSHCN 0-18 years.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	16.22 Medical homes for children with special health care needs.
DATA SOURCES AND DATA ISSUES	VIDOH Health-Pro data system. MCH & CSHCN Clinics. Community Health Clinics.
SIGNIFICANCE	The need for an ongoing source of health care for all children has been identified as a priority for child health policy reform at the national and local level.

PERFORMANCE MEASURE:	The percent of teen mothers who received parenting skills training.
STATUS:	Active
GOAL	To increase the percent of teen mothers obtaining parenting skills training.
DEFINITION	Parenting skills training classes enhance the knowledge of parents in early childhood development. Numerator: Number of teen mothers who received parenting skills training. Denominator: Total number of teen births. Units: 100 Text: Percent
HEALTHY PEOPLE 2010 OBJECTIVE	No specific objective.
DATA SOURCES AND DATA ISSUES	Department of Human Services, MCH & CSHCN Program, 330 Health Centers, Community Based Organizations
SIGNIFICANCE	Successful parenting skills training may reduce child abuse and neglect.

PERFORMANCE MEASURE:

Percent of infants identified with hearing loss who are receiving appropriate intervention services by age 6 months.

STATUS:

Active

GOAL

To reduce morbidity associated with significant hearing loss through early detection, identification and intervention. To facilitate developmentally appropriate language skills. To provide newborn hearing screening services to all infants in the territory and to implement a system that ensures early diagnosis of hearing loss.

DEFINITION

Significant permanent hearing loss or impairment is one of the most common birth abnormalities. When undetected this leads to speech, language, cognitive and developmental delays. Early intervention and access to habilitation results in improved outcomes.

Numerator:

The number of infants identified with hearing loss and enrolled in early intervention services by 6 months of age.

Denominator:

The number of infants referred for audiological diagnostic evaluation.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

28.11 Newborn hearing screening, evaluation and intervention.

The standard estimate of congenital hearing loss is 1 in 1,000 live births. Early appropriate intervention for hearing loss is a critical factor in providing habilitation during the first three years of life when the development of language is most intense.

DATA SOURCES AND DATA ISSUES

Integrated newborn metabolic / genetic / hearing screening database. Records of newborn hearing screening and referrals. Audiological assessments and diagnostic evaluation reports.

SIGNIFICANCE

The advantages of early detection of confirmed permanent hearing loss or impairments are indisputable. Children who are enrolled in early intervention services develop significantly better in language ability and social development. A family-centered approach provides support to families in developing the communication skills of their infant with hearing loss.

SP(Reporting Year) # 6

PERFORMANCE MEASURE:

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

STATUS:

Active

GOAL

Reduce barriers and increase access to early and adequate prenatal care that ensures healthy birth outcomes.

DEFINITION

Prenatal care is the provision of comprehensive reproductive health services to a pregnant woman. Early and adequate prenatal care can lead to a significant reduction in perinatal mortality and morbidity.

Numerator:

The number of births to women who enrolled in prenatal care in the first trimester.

Denominator:

The total number of births.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16.6 The proportion of pregnant women who receive early and adequate prenatal care.

16.6a Care beginning in the first trimester of pregnancy.

16.6b Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Bureau of Health Statistics livebirth records. MCH & Community Health Prenatal Clinics.

SIGNIFICANCE

Access to early and adequate prenatal care results in improved birth outcomes if women begin receiving care early in pregnancy and continue to receive care throughout the pregnancy. Prenatal care provides an opportunity to identify risks and minimize or eliminate their impact on pregnancy outcomes through medical management so it does not negatively impact on the the birth and the process of birth. Prenatal visits also offer an opportunity for education and counseling on proper nutrition and risk factors, such as smoking and alcohol use during pregnancy.

PERFORMANCE MEASURE:

The rate per 10000 of hospitalizations due to asthma in children 0-14.

STATUS:

Active

GOAL

To reduce the number of hospitalizations due to asthma in children age 0-14.

DEFINITION

Asthma is a leading cause of childhood morbidity.

Numerator:

Number of hospitalizations for asthma among children 0-14 years.

Denominator:

Number of children in the population 0-14 years.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

11.1 Asthma hospitalizations

DATA SOURCES AND DATA ISSUES

Hospital admissions and discharge data.

SIGNIFICANCE

Asthma is one of the most common chronic conditions affecting children in the Virgin Islands. It causes a significant proportion of school absenteeism, emergency room visits and hospitalizations. Effective asthma management and prevention can prevent costly hospitalizations, and decrease school absenteeism.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: VI

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	214.4	151.9	65.5	68.9	87.8
Numerator	158	112	52	47	51
Denominator	7,371	7,371	7,937	6,823	5,809

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 1.5days.

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 2.5days.

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 2.6 days.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.0</u>	<u>12.4</u>	<u>13.9</u>	<u> </u>	<u> </u>
Numerator	<u>0</u>	<u>218</u>	<u>247</u>	<u> </u>	<u> </u>
Denominator	<u>1,676</u>	<u>1,760</u>	<u>1,772</u>	<u>1,844</u>	<u>1,755</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

Denominator obtained from NBS database - live birth admissions for calendar year 2009.

Numerator obtained from number of children under 1 year receiving services at the MCH clinics in both districts.

2. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

3. Section Number: Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,676</u>	<u>1,760</u>	<u>1,772</u>	<u>1,844</u>	<u>1,755</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS), allows for payment of unpaid medical bills for Medicaid patients less than 19 years of age. This waiver was allowed by CMS as Congress did not approve enough CHIP monies for the territories that would have allowed them to have a regular Child Health Insurance Program.

Denominator obtained from the NBS database - number of live birth admissions for calendar year 2009..

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS), allows for payment of unpaid medical bills for Medicaid patients less than 19 years of age. This waiver was allowed by CMS as Congress did not approve enough CHIP monies for the territories that would have allowed them to have a regular Child Health Insurance Program.

Denominator obtained from the number of live birth admissions.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>40.7</u>	<u>44.9</u>	<u>39.9</u>	<u>24.0</u>	<u> </u>
Numerator	<u>686</u>	<u>787</u>	<u>706</u>	<u>442</u>	<u> </u>
Denominator	<u>1,686</u>	<u>1,752</u>	<u>1,771</u>	<u>1,844</u>	<u> </u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Data not available from Bureau of Health Statistics for this calendar year.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Data for CY 2008 obtained from DOH Office for Vital Records & Statistics.

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Data obtained from Bureau of Health Statistics is incomplete and reflects the first three quarters of CY 2007.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>54.8</u>	<u>30.0</u>	<u>30.0</u>	<u>55.0</u>	<u>54.0</u>
Numerator	<u>7,785</u>	<u>1,989</u>	<u>1,698</u>	<u>3,126</u>	<u>3,096</u>
Denominator	<u>14,210</u>	<u>6,630</u>	<u>5,663</u>	<u>5,685</u>	<u>5,734</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- 1.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

Estimates based on children seen in both districts with who were uninsured. Medical Assistance Program doesn't have presumptive eligibility and doesn't pay for services for potentially eligible children.

- 2.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

Estimates based on children seen in both districts with who were uninsured. Medical Assistance Program doesn't have presumptive eligibility and doesn't pay for services for potentially eligible children.

- 3.
- Section Number:**
- Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

Estimates based on children seen in both districts with Medical Assistance coverage.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>3.9</u>	<u>7.5</u>	<u>24.7</u>	<u>26.9</u>	<u>30.9</u>
Numerator	<u>65</u>	<u>126</u>	<u>445</u>	<u>606</u>	<u>477</u>
Denominator	<u>1,681</u>	<u>1,674</u>	<u>1,798</u>	<u>2,251</u>	<u>1,544</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Denominator is actual # of children receiving services.

Numerator is # of children age 6-9 years who received any service, including school based screening.

The Medical Assistance Program does not collect age specific claims data.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Denominator is actual # of children receiving services.

Numerator is # of children age 6-9 years who received any service, including school based screening.

The Medical Assistance Program does not collect age specific claims data.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Denominator is actual # of children receiving services.

Numerator is # of children age 6-9 years who received any service.

The Medical Assistance Program does not collect age specific claims data.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Numerator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denominator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?					

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2009
Field Note:
This HSCI is not applicable to the Territory of the Virgin Islands.
- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2008
Field Note:
This HSCI is not applicable to the Territory of the Virgin Islands.
- Section Number:** Form17_Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2007
Field Note:
This HSCI is not applicable to the Territory of the Virgin Islands.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: VI

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2009	Other	<u>2.2</u>	<u>3.3</u>	<u>5.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	<u>2.2</u>	<u>4</u>	<u>6.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2009	Other	<u>17</u>	<u>27</u>	<u>44</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Other	<u>10.6</u>	<u>35</u>	<u>45.6</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">200</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">5</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">14</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">15</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">21</div>)	2009	<div style="text-align: right;">200</div> <div style="text-align: right;">200</div> <div style="text-align: right;">200</div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">200</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	200
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>5</u> to <u>14</u>) (Age range <u>15</u> to <u>21</u>)	2009	200 200 200
c) <i>Pregnant Women</i>	2009	200

FORM NOTES FOR FORM 18

Data sources for HSCI 05 - Prenatal and delivery statistics from DOH Community Health, MCH and 330 FQHC's (2).

Data for calendar year 2009 is incomplete at the time of submission of this report and is not available from the Office for Vital Records & Statistics.

The Medical Assistance Program does not collect or report this information

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2011

Field Note:

Data sources for HSCI 05 - Prenatal and delivery statistics from DOH Community Health, MCH and 330 FQHC's (2).

Data for calendar year 2009 is incomplete at the time of submission of this report and is not available from the Office for Vital Records & Statistics.

The Medical Assistance Program does not collect or report this information

2. **Section Number:** Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2011

Field Note:

Data sources for HSCI 05 - Prenatal and delivery statistics from DOH Community Health, MCH and 330 FQHC's (2).

Data for calendar year 2009 is incomplete at the time of submission of this report and is not available from the Office for Vital Records & Statistics.

The Medical Assistance Program does not collect or report this information

3. **Section Number:** Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2011

Field Note:

Data sources for HSCI 05 - Prenatal and delivery statistics from DOH Community Health, MCH and 330 FQHC's (2).

Data for calendar year 2009 is incomplete at the time of submission of this report and is not available from the Office for Vital Records & Statistics.

The Medical Assistance Program does not collect or report this information

4. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2011

Field Note:

Data sources for HSCI 05 - Prenatal and delivery statistics from DOH Community Health, MCH and 330 FQHC's (2).

Data for calendar year 2009 is incomplete at the time of submission of this report and is not available from the Office for Vital Records & Statistics.

The Medical Assistance Program does not collect or report this information

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VI

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: VI

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2011
Field Note:
YRBS has not been administered since 2005-2006 school year.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: VI

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2005	2006	2007	2008	2009
Annual Indicator	10.7	10.2	11.6	5.7	4.6
Numerator	181	180	205	106	80
Denominator	1,686	1,763	1,771	1,844	1,755

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Calendar year 2009 data not available from Office of Vital Records & Statistics at time of submission.

Denominator obtained from Newborn Screening Database - number of live birth admissions.

Numerator obtained from DOH Community Health, MCH and 330 FQHC's (2) Prenatal Clinics.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Data obtained from DOH Vital Records & Statistics.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>9.4</u>	<u>9.4</u>	<u>10.6</u>	<u>4.3</u>	<u>0.0</u>
Numerator	<u>155</u>	<u>163</u>	<u>187</u>	<u>80</u>	<u>0</u>
Denominator	<u>1,642</u>	<u>1,740</u>	<u>1,771</u>	<u>1,844</u>	<u>1,755</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Calendar year 2009 data not available from Office of Vital Records & Statistics at time of submission.

Denominator obtained from Newborn Screening Database - number of live birth admissions.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data obtained from DOH Vital Records & Statistics.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	2.0	1.6	1.4	0.4	0.2
Numerator	33	29	24	8	4
Denominator	1,686	1,763	1,771	1,844	1,755
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Calendar year 2009 data not available from Office of Vital Records & Statistics at time of submission.

Denominator obtained from Newborn Screening Database - number of live birth admissions.

Numerator obtained from DOH Community Health, MCH and 330 FQHC's (2) Prenatal Clinics.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data obtained from DOH Vital Records & Statistics.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.6</u>	<u>1.6</u>	<u>1.3</u>	<u>0.6</u>	<u>0.0</u>
Numerator	<u>27</u>	<u>28</u>	<u>23</u>	<u>11</u>	<u>0</u>
Denominator	<u>1,642</u>	<u>1,740</u>	<u>1,771</u>	<u>1,844</u>	<u>1,755</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Calendar year 2009 data not available from Office of Vital Records & Statistics at time of submission.

Denominator obtained from Newborn Screening Database - number of live birth admissions.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data obtained from DOH Vital Records & Statistics.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	7.7	0.0	0.0	0.0	0.0
Numerator	2	0	0	0	0
Denominator	25,996	24,669	25,805	22,458	22,458

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

Calendar year 2009 data not available from Office of Vital Records & Statistics at time of submission.

Denominator obtained from 2007 VI Community Survey

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from USVI Community Survey 2007, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI DOH Vital Statistics.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center; Numerator obtained from DOH Bureau of Health Statistics.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>7.7</u>	<u>0.0</u>	<u>11.6</u>	<u>4.4</u>	<u>4.5</u>
Numerator	<u>2</u>	<u>0</u>	<u>3</u>	<u>1</u>	<u>1</u>
Denominator	<u>25,996</u>	<u>24,669</u>	<u>25,805</u>	<u>22,697</u>	<u>22,458</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from USVI Community Survey 2007, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from USVI Community Survey 2006, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator obtained from 2005 Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from VI-Office for Highway Safety, Traffic Safety Facts, 2007.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>7.0</u>	<u>0.0</u>	<u>13.7</u>	<u>35.5</u>	<u>14.2</u>
Numerator	<u>1</u>	<u>0</u>	<u>2</u>	<u>5</u>	<u>2</u>
Denominator	<u>14,296</u>	<u>14,296</u>	<u>14,617</u>	<u>14,085</u>	<u>14,085</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from USVI Community Survey 2007, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from USVI Community Survey 2006, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data obtained from VI-Office for Highway Safety, Traffic Safety Facts 2007.

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>0.0</u>	<u>338.5</u>	<u>472.8</u>	<u>312.8</u>	<u>472.0</u>
Numerator	<u>0</u>	<u>88</u>	<u>122</u>	<u>71</u>	<u>106</u>
Denominator	<u>25,996</u>	<u>25,996</u>	<u>25,805</u>	<u>22,697</u>	<u>22,458</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VICs, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from Office for Highway Safety - 2009 Traffic Data Report.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VICs, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from DOH EMS. Numbers represent St. Thomas-St. John District only.

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator obtained from VI-EMS and Office for Highway Safety, 2007 Pediatric Ambulance Calls / Traffic Safety Facts.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>19.2</u>	<u>338.5</u>	<u>441.8</u>	<u>61.7</u>	<u>472.0</u>
Numerator	<u>5</u>	<u>88</u>	<u>114</u>	<u>14</u>	<u>106</u>
Denominator	<u>25,996</u>	<u>25,996</u>	<u>25,805</u>	<u>22,697</u>	<u>22,458</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VICs, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from Office for Highway Safety - 2009 Traffic Data Report.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VICs, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from DOH EMS. Numbers represent St. Thomas-St. John District only.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator obtained from VI-EMS and Office for Highway Safety, 2007 Pediatric Ambulance Calls / Traffic Safety Facts.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2005	2006	Annual Indicator Data		
			2007	2008	2009
Annual Indicator	0.0	1,070.2	1,135.7	71.0	738.4
Numerator	0	153	166	10	104
Denominator	14,296	14,296	14,617	14,084	14,084

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VICs, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from Office for Highway Safety - 2009 Traffic Data Report.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator obtained from 2006 VICs, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from DOH EMS. Numbers represent St. Thomas-St. John District only.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Numerator obtained from Office for Highway Safety, 2007 Traffic Safety Facts.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>24.1</u>	<u>26.6</u>	<u>28.4</u>	<u>39.5</u>	<u>41.2</u>
Numerator	<u>115</u>	<u>127</u>	<u>148</u>	<u>182</u>	<u>162</u>
Denominator	<u>4,779</u>	<u>4,779</u>	<u>5,210</u>	<u>4,606</u>	<u>3,936</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Data for numerator provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2009. Inclusive of all testing sites in the territory.

Denominator obtained from 2007 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided by VI Family Planning Program FY 2008.

Data provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2008. Inclusive of all testing sites in the territory.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>4.3</u>	<u>9.7</u>	<u>8.9</u>	<u>12.6</u>	<u>10.0</u>
Numerator	<u>83</u>	<u>188</u>	<u>152</u>	<u>236</u>	<u>181</u>
Denominator	<u>19,370</u>	<u>19,370</u>	<u>17,117</u>	<u>18,664</u>	<u>18,168</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Data for numerator provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2009. Inclusive of all testing sites in the territory.

Denominator obtained from 2007 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided by VI Family Planning Program FY 2008.

Data provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2008. Inclusive of all testing sites in the territory.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

Denominator obtained from 2005 VI Household Survey, UVI Eastern Caribbean Center.

Numerator reflects territorial data reported by the DOH STD/TB/HIV/AIDS Program for CY 2007.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,755	60	1,350	0	5	0	0	340
Children 1 through 4	4,054	121	3,243	0	0	0	0	690
Children 5 through 9	7,440	157	5,896	0	0	0	0	1,387
Children 10 through 14	9,209	420	7,652	0	0	0	0	1,137
Children 15 through 19	8,138	220	6,985	0	0	0	0	933
Children 20 through 24	5,677	315	4,499	0	0	0	0	863
Children 0 through 24	36,273	1,293	29,625	0	5	0	0	5,350

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,438	317	0
Children 1 through 4	3,000	1,054	0
Children 5 through 9	5,798	1,642	0
Children 10 through 14	7,658	1,551	0
Children 15 through 19	6,698	1,440	0
Children 20 through 24	4,390	1,287	0
Children 0 through 24	28,982	7,291	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	4	0	4	0	0	0	0	0
Women 15 through 17	36	7	28	0	0	0	0	1
Women 18 through 19	83	14	68	0	1	0	0	0
Women 20 through 34	816	179	583	0	43	0	0	11
Women 35 or older	163	36	114	0	11	0	0	2
Women of all ages	1,102	236	797	0	55	0	0	14

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	3	0	1
Women 15 through 17	30	5	1
Women 18 through 19	68	10	5
Women 20 through 34	707	79	30
Women 35 or older	143	15	745
Women of all ages	951	109	782

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	6	0	6	0	0	0	0	0
Children 1 through 4	3	1	2	0	0	0	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	2	0	2	0	0	0	0	0
Children 15 through 19	9	2	7	0	0	0	0	0
Children 20 through 24	15	5	10	0	0	0	0	0
Children 0 through 24	35	8	27	0	0	0	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	6	0	0
Children 1 through 4	3	0	0
Children 5 through 9	0	0	0
Children 10 through 14	2	0	0
Children 15 through 19	7	2	0
Children 20 through 24	14	1	0
Children 0 through 24	32	3	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	30,598	1,111	24,689	0	0	0	0	4,798	2007
Percent in household headed by single parent	100.0	39.0	58.0	0.0	0.0	0.0	0.0	3.0	2007
Percent in TANF (Grant) families	100.0	10.5	80.0	0.0	0.0	0.0	0.0	9.5	2009
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2009
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2009
Number living in foster home care	0	0	0	0	0	0	0	0	2009
Number enrolled in food stamp program	12,380	1,272	10,011	27	13	1	8	1,048	2009
Number enrolled in WIC	0	0	0	0	0	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	203.0	0.0	182.0	0.0	0.0	0.0	0.0	21.0	2009
Percentage of high school drop-outs (grade 9 through 12)	100.0	0.8	84.0	0.2	0.0	0.0	0.0	15.0	2009

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	24,726	5,872	0	2007
Percent in household headed by single parent	63.6	36.4	0.0	2007
Percent in TANF (Grant) families	90.5	9.5	0.0	2009
Number enrolled in Medicaid	0	0	0	2009
Number enrolled in SCHIP	0	0	0	2009
Number living in foster home care	0	0	0	2009
Number enrolled in food stamp program	9,545	2,810	25	2009
Number enrolled in WIC	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	182.0	21.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	85.2	14.8	0.0	2009

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>0</u>
Living in urban areas	<u>17,000</u>
Living in rural areas	<u>17,556</u>
Living in frontier areas	<u>0</u>
Total - all children 0 through 19	<u>34,556</u>

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	114,744.0
Percent Below: 50% of poverty	28.5
100% of poverty	33.3
200% of poverty	48.3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>30,596.0</u>
Percent Below: 50% of poverty	<u>23.8</u>
100% of poverty	<u>29.1</u>
200% of poverty	<u>50.5</u>

FORM NOTES FOR FORM 21

Data for this HSI obtained from 2000 Census.
VI Community Survey doesn't collect or report data by geographic areas.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2011
Field Note:
Data source: Newborn screening database & newborn nurseries (2) admissions of live births.
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Data obtained from VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.
3. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2011
Field Note:
Data obtained from 2007 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2011
Field Note:
Data obtained from 2007 VI Community Survey.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2011
Field Note:
Data obtained from 2007 VI Community Survey and 2009 VI Kids Count Data Book.
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2011
Field Note:
Data not available from the Medical Assistance Program (Medicaid).
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2011
Field Note:
Data not available from the Medical Assistance Program (Medicaid).
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2011
Field Note:
Data not available from the WIC Program.
9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2011
Field Note:
Data obtained for the VI Police Department, Office for Research and Planning.
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2011
Field Note:
Data obtained from VI Department of Educations, Office of Planning, Research and Evaluation for school year 2008-2009.
11. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2011
Field Note:
Data not available from Medical Assistance Program (Medicaid).
12. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SCHIPNo

Row Name: Number enrolled in SCHIP
Column Name:
Year: 2011
Field Note:
Data not available from Medical Assistance Program (Medicaid).

13. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2011
Field Note:
Data not available from Department of Human Services.

14. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2011
Field Note:
Data not available from Department of Human Services.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		600	600	650	650
Annual Indicator	642.3	661.9	626.2	231.0	
Numerator	1,083	1,167	1,109	426	
Denominator	1,686	1,763	1,771	1,844	
Data Source				Vital Statistics	
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	700	700	700	750	750
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

- Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

The data for calendar year 2008 from the Office of Vital Records and Statistics is incomplete, and only reflects 33% of the records for birth certificates which have been evaluated and edited.

Final data for this numerator is anticipated to be available by the end of October 2009.

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		25	35	40	45
Annual Indicator	20.5	2.6	1.2	8.9	
Numerator	235	27	15	136	
Denominator	1,149	1,044	1,248	1,530	
Data Source	MCH Program				
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>50</u>	<u>50</u>	<u>50</u>	<u>50</u>	<u> </u>
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2008

Field Note:

Data reflects information from the St. Thomas/ St. John district only.

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The percent of CSHCN clients who access family support services.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		50	50	55	55
Annual Indicator	50.0	43.5	30.0	6.5	20.0
Numerator	574	454	375	100	301
Denominator	1,149	1,044	1,248	1,530	1,505
Data Source				MCH Program	MCH Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>55</u>	<u>60</u>	<u>60</u>	<u>55</u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data reflects information from St. Thomas/ St. John district only.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reflects information from St. Thomas/ St. John district only.

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects # of families using services such as VI FIND (Family Information Network on Disabilities).

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

The rate per 1000 of emergency department visits and hospital admissions due to asthma in children under 14 years of age.

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective		5	5	5
Annual Indicator	5.7	5.0	2.0	2.9
Numerator	158	130	52	66
Denominator	27,671	25,996	25,805	22,697
Data Source				RLS & JFL Hospitals
Is the Data Provisional or Final?				Final

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5
Annual Indicator				
Numerator				
Denominator				

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data from both island hospitals reflects in-patient admissions only. Average length of stay was 1.5 days.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data from both island hospitals reflects in-patient admissions only. Average length of stay was 1.5 days.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator reflects in-patient admissions to hospitals in both districts. Due to availability of pulse oximetry and stabilizing nebulizer/aerosol treatments in both MCH clinics, the number of children seen in emergency departments has dropped significantly.

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Decrease the rate of hospitalizations for each child up to the age of 19 years with Type 1 diabetes.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase access to comprehensive primary and preventive health care for adolescents age 10-19 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Percent of women who abstain from alcohol use during pregnancy.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 12

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: VI

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE:	Increase the rate of pregnant women who enroll in prenatal care in the first trimester.
STATUS:	Active
GOAL	Reduce barriers and increase access to early and adequate prenatal care that ensures healthy birth outcomes.
DEFINITION	<p>Prenatal care is the provision of comprehensive reproductive health services to a pregnant woman. Early and adequate prenatal care can lead to a significant reduction in perinatal mortality and morbidity.</p> <p>Numerator: The number of births to women who enrolled in prenatal care in the first trimester.</p> <p>Denominator: The total number of births.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>16.6 The proportion of pregnant women who receive early and adequate prenatal care.</p> <p>16.6a Care beginning in the first trimester of pregnancy.</p> <p>16.6b Early and adequate prenatal care.</p>
DATA SOURCES AND DATA ISSUES	Hospital Labor & Delivery Units; Newborn Nurseries. Bureau of Health Statistics live birth records. MCH, FQHC & Community Health Prenatal Clinics.
SIGNIFICANCE	Access to early and adequate prenatal care results in improved birth outcomes if women begin receiving care early in pregnancy and continue to receive care throughout the pregnancy. Prenatal care provides an opportunity to identify risks and minimize or eliminate their impact on pregnancy outcomes through medical management so it does not negatively impact on the the birth and the process of birth. Prenatal visits also offer an opportunity for education and counseling on proper nutrition and risk factors, such as smoking and alcohol use during pregnancy.

PERFORMANCE MEASURE:	Increase the percent of CSHCN families' participation in transition planning to at least 50%.
STATUS:	Active
GOAL	Assure the transition from pediatric to adult health care providers is planned, coordinated and facilitated.
DEFINITION	<p>All youth with special health care needs will receive the services to make necessary transitions to all aspects of adult life, including health care, work and independence. Transition is an ongoing process throughout middle childhood and adolescence. Collaboration and coordination between CSHCN, families, health care, insurance, education, rehabilitation, and other appropriate agencies are needed to support and facilitate transition.</p> <p>Numerator: The number of CSHCN who participate in transition planning.</p> <p>Denominator: The total number of CSHCN age 12-18 years.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>16.23 Service systems for children with special health care needs.</p> <p>To assure the participation of CSHCN age 12-18 years and their families in agency based transition planning activities that promote independence and healthy lifestyle choices.</p>
DATA SOURCES AND DATA ISSUES	VIDOH Health-Pro data system. MCH & CSHCN clinic records. Community Health Centers. Departments of Education, Labor and Human Services.
SIGNIFICANCE	The transition of youth to adulthood has become a priority issue nationwide. Transition services assist in the progression from adolescent health care to adult services and from school to work. Supporting skill-building activities for youth with special health care needs provides them with opportunities to learn to act as decision-makers in their own health care.

PERFORMANCE MEASURE:	The percent of CSHCN clients who access family support services.
STATUS:	Active
GOAL	To increase by 50% the number of families with CSHCN who are referred to and receive family support services.
DEFINITION	<p>Family support services identify and assess families' needs and determine appropriate individual family service plans.</p> <p>Numerator: Number of CSHCN clients ages 0-18 years whose families access family support services.</p> <p>Denominator: Total number of CSHCN clients served.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>7.7 Patient and family education .</p> <p>Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of live.</p>
DATA SOURCES AND DATA ISSUES	VIDOH Health-Pro database system. MCH & CSHCN clinic records. Community Health Centers. Community based family support organizations.
SIGNIFICANCE	Family service agencies and interagency coordinating councils have identified major challenges confronting families with CSHCN in accessing coordinated health and related services. Addressing these issues will lead to more efficient use of public funds and reduce family stress. Included in community-based settings are public facilities; local government and agencies; and social service, faith, and civic organizations that provide access to families where they live, work, and play.

PERFORMANCE MEASURE:	The rate per 1000 of emergency department visits and hospital admissions due to asthma in children under 14 years of age.
STATUS:	Active
GOAL	To reduce the number of emergency department visits and hospital admissions due to asthma in children under 14 years of age.
DEFINITION	<p>Asthma is a leading cause of childhood morbidity and is a common condition among children in the VI. Asthma remains a significant public health challenge in the territory and an area where methods to collect and analyze data more effectively is critical. . It is generally recognized that children with asthma who are unable to gain access to primary care or prescription medications due to uninsured or underinsured status are at a greater risk of needing hospitalization.</p> <p>Numerator: Number of emergency department visits and hospital admissions for asthma among children under 14 years of age.</p> <p>Denominator: Number of children in the population 0-14 years.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	11.1 Asthma hospitalizations
DATA SOURCES AND DATA ISSUES	24. Promote respiratory health through better prevention, detection, treatment and education. Emergency department and hospital admissions discharge data.
SIGNIFICANCE	Asthma is one of the most common chronic conditions affecting children in the Virgin Islands. It causes a significant proportion of school absenteeism, emergency department visits and hospitalizations. Effective asthma management and prevention can decrease costly hospitalizations, and decrease school absenteeism.

PERFORMANCE MEASURE:	Decrease the rate of hospitalizations for each child up to the age of 19 years with Type 1 diabetes.
STATUS:	Active
GOAL	Reduce the hemoglobin A1C for children with diabetes to 6 -7.
DEFINITION	<p>Diabetes is a chronic disease that usually manifests itself as one of two major types: type 1, mainly occurring in children and adolescents 18 years and younger, in which the body does not produce insulin and thus insulin administration is required to sustain life; or type 2, in which the body's tissues become unable to use its own limited amount of insulin effectively.</p> <p>Numerator: Number of hospital admissions for children with diabetes per year.</p> <p>Denominator: Total number of hospital admissions per year for children to age 19 years.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>5.1 Diabetes education</p> <p>Diabetes patient education is viewed as effective and economical in the ultimate prevention of long-term complications from diabetes.</p>
DATA SOURCES AND DATA ISSUES	Hospital admissions and discharge reports. MCH clinics utilization data.
SIGNIFICANCE	<p>Diabetes poses a significant public health challenge for the Virgin Islands. It is a major clinical and public health challenge within certain racial and ethnic groups where both new cases of diabetes and the risk of associated complications are great. Obesity, improper nutrition (including increased ingestion of fats and processed foods), and lack of physical activity are occurring in persons under age 15 years. These behaviors and conditions may explain the increasing diagnosis of type 2 diabetes in teenagers.</p>

PERFORMANCE MEASURE:	Increase access to comprehensive primary and preventive health care for adolescents age 10-19 years.
STATUS:	Active
GOAL	To assure access to primary care services.
DEFINITION	<p>The percent of adolescents who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.</p> <p>Numerator: Number of adolescents age 10-19 years with a specific source of primary care.</p> <p>Denominator: Number of adolescents age 10-19 years.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>1. Improve access to comprehensive, high-quality health care services.</p> <p>Access to care depends in part on access to an ongoing source of care. People with a usual source of health care are more likely than those without a usual source of care to receive a variety of preventive health care services</p> <p>1.4 Increase in Persons With Specific Source of Ongoing Care</p> <p>A primary care provider deals with all common health needs (comprehensiveness) and coordinates health care services, such as referrals to specialists. Evidence suggests that first contact care provided by an individual's primary care provider leads to less costly medical care.</p>
DATA SOURCES AND DATA ISSUES	MCH, Community Health and 330 FQHC's clinic utilization data. Data issues related to lack of data linkages between provider facilities and standardized methods of data collection and reporting.
SIGNIFICANCE	A usual source of primary care helps people clarify the nature of their health problems and can direct them to appropriate health services, including specialty care.[44] Primary care also emphasizes continuity, which implies that individuals use their primary source of care over time for most of their health care needs.

PERFORMANCE MEASURE:	Percent of women who abstain from alcohol use during pregnancy.
STATUS:	Active
GOAL	To reduce the number of women drinking any alcohol during pregnancy. Increase abstinence from alcohol use during pregnancy.
DEFINITION	<p>Percent of women who report use of alcohol during pregnancy</p> <p>Numerator: Number of women who delivered a live birth and who reported drinking any alcohol in the first or third trimester of pregnancy.</p> <p>Denominator: Number of women who delivered a live birth.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>16.18 (Developmental) Reduce the occurrence of fetal alcohol syndrome (FAS).</p> <p>FAS is one of the leading preventable causes of mental retardation and a leading cause of birth defects, including growth deficiency and microcephaly. Affected children also are likely to show infantile irritability, poor coordination, hypotonia, and attention deficit/hyperactivity disorder. In addition to FAS, studies have documented more subtle growth and neurodevelopmental deficits among children whose mothers drank alcohol during pregnancy.</p>
DATA SOURCES AND DATA ISSUES	Prenatal Clinics, Hospital discharge summary. Limitations are that data is self-reported and may include bias or selective recall; captures data only for women who delivered a live birth.
SIGNIFICANCE	<p>Fetal Alcohol Spectrum Disorders (FASD) encompasses the range of adverse effects that can result from alcohol exposure. The consequences of FASD are life long and can include learning disabilities, mental health problems and developmental disabilities. A range of harmful effects, including stillbirth, low birth weight and preterm delivery, have been associated with prenatal use of alcohol. No safe level of alcohol consumption during pregnancy has been established. Because the effects of alcohol use during pregnancy are so detrimental, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that women who are pregnant or planning a pregnancy drink no alcohol at all.</p>

